statements of the weather, will be interesting in this connection. "In looking over our records, we find that the mean temperature of the three summer months was 76.77-100 degrees, which is about 4 degrees above the mean summer heat of Philadelphia, as deduced from observations for the last sixty-four years. This temperature has been exceeded but five times within that period, and then by less than one degree. Thus, in the years 1793 and 1798, when yellow fever prevailed in Philadelphia, and in 1822, the average summer heat was 77 degrees, and in 1828 and 1838 it rose to 77⅔ degrees."

ART. III.—*Extracts from the Records of the Boston Society for Medical Improvement.* By WM. W. MORLAND, M. D., Secretary.

November 14. *Excision of Head of Femur.* Dr. PARKMAN.—A boy aged 12 years entered the Hospital May 9, presenting the usual symptoms of hip disease of the right side, in a somewhat advanced form, and which was said to have existed six months; its probable existence was, however, longer. During the summer, the symptoms became more and more aggravated, and large abscesses opened in the groin, on the inside of thigh, and on the nates; and the limb was very much retracted by the distortion of the pelvis, from the patient's necessary position on the left side, and the impossibility of employing extension, or similar means. Hectic symptoms also supervened, and at two periods he seemed likely to be carried off by a profuse diarrhœa. Under these circumstances, it was decided to lay open the abscess on the nates, which had now dissected the skin from below the trochanter, almost to the crest of the ilium, and to make an examination of the condition of the joint, with a view of removing the head of the femur, if such a course should appear indicated. For this purpose, on October 19, the patient being thoroughly etherized, the abscess over the joint was freely laid open, and the skin, gaping, disclosed a granulating surface of six inches square. The head of the bone was in the socket, but on rotation of the limb, the crepitus which was felt clearly indicated extensive caries. An opening was therefore made through the upper part of the capsular ligament, and, the round ligament having been already destroyed by the disease, the head of the bone was turned from the socket and removed, at the middle of the neck, by a strong pair of cutting forceps. The acetabulum was felt to be carious in about one-quarter of its extent, but of course nothing was done to this. Since the operation, the patient's progress has been most satisfactory. The large granulating surface has been slowly contracting; the limb is drawn down by weights, and the constitutional symptoms have entirely disappeared. There is good appetite, no diarrhœa, a marked increase of flesh, and every prospect of a favourable termination.

The specimen exhibited to the Society, showed the removal of the entire cartilage from the articulating surface, with a necrosis and commencing line of separation of all the denuded parts. It was clear that the result of such a case, if left to nature, and provided the powers of the patient had held out, of which there was little probability, would have been a large sequestrum in

the cavity of the joint, and my attempts on the part of nature, to discharge this by ulceration, would in all probability have proved abortive.

Jan. 27. The patient continues to make very satisfactory progress, and there are no constitutional symptoms.

Lithotrity.—Dr. J. Mason Warren showed the fragments of an oxalate of lime calculus, removed by the crushing operation. The patient was 30 years old, and had the first symptoms of the disease 10 years since. He had previously, after a nephritic attack, passed a small calculus from the urethra. His symptoms at the time of the operation were great pain, a frequent desire to pass water, bloody urine, and inability to bear the jolting of any vehicle. The water was passed every half hour, both day and night. The measure of the calculus, when first seized by the lithotrite, was fourteen lines in diameter. It was easily crushed, with scarcely any pain to the patient; fragments passed off without difficulty in the course of twenty-four hours. The operation was repeated three times in a fortnight, without the use of ether, giving scarcely any more uneasiness than an ordinary case of catheterism, and the patient discharged in about three weeks perfectly relieved. Dr. W. stated another case that had been operated on in the spring, the patient having for fourteen years endured the most excruciating suffering, being unable to get into bed without assistance, from the pain produced by the motions of the calculus. The stone, which was a large one, was destroyed in about six operations, and, notwithstanding the long time the bladder had been submitted to this severe irritation, it seemed at once to acquire its natural tone, on the removal of the irritating cause. Dr. W. said that for the last ten or twelve years he had treated, on an average, three cases of stone in two years, by the lithotritic operation, the patients being from ten years of age up to seventy, one or two of the elder patients having the prostate in a greatly enlarged state. Still, he had not had an unfavourable result, and in no case was the operation, once commenced, abandoned as impracticable. In the cases of enlarged prostate, the stone had usually been found lodged in a *cul-de-sac* behind the prostate, and it has been found necessary to dislodge it by means of the beak of the lithotrite turned backwards, and the stone pushed into the bladder before it could be seized and crushed. In one of these cases, considerable difficulty was experienced from the fragments getting back into the sac and being retained there, and acting as nuclei for fresh concretions, requiring very frequent operations before they could all be removed.

Dr. W. also exhibited a very large calculus, removed from the body of a gentleman after death, which had been lodged in the way above stated, behind the prostate. He had suffered with it for many years, and finally it was the cause of his death. He had been sounded by a number of distinguished surgeons at a distance, and by some, declared to have a stone, by others not. From this reason he had deferred for many years submitting to any operation. Dr. W. sounded him in the way above stated, and detected a stone. An operation was in this case thought inexpedient, on account of the great disease existing in the whole urinary apparatus. After death the kidneys were found extensively ulcerated, the ureters enlarged, and the bladder greatly thickened and sacculated, with a cavity or depression behind the enlarged prostate, in which the calculus was lodged and partially concealed.

Scrofulous Disease of the Knee-Joint.—The specimen was shown by Dr. S. D. Townsend, who had removed it from a scrofulous girl, 14 years old, who is affected with phthisis, but, of late, has been improving somewhat and

has gained flesh, although having a cavity in the summit of the left lung. The amputation was requested, for the relief of constant pain in the limb. The patient was confined to her bed for a year, by reason of the diseased knee alone, and unable to be moved, except under the influence of ether. Patient died suddenly six weeks after the operation, of hemorrhage from the lungs.

At the next subsequent meeting (Nov. 28), Dr. J. B. S. JACKSON said that, on making a transverse incision into the cancellated structure of the bones removed, no tubercle was discovered. Dr. J. added, that once only, and that in disease of the vertebræ, had he seen tubercle in bone; in an external joint, never; he thinks the disease, in the present instance, may have originated in the synovial membrane; at first, there may have been acute synovitis.

[In the London *Lancet* for November, 1853, Mr. SOLLY remarks: "I do not think, with some surgeons, that the removal of a scrofulous joint increases the tendency to tubercnlous disease of the lungs." He also adds, unless their be positive evidence of disease of the lungs, he would not think it right to deprive such a patient of relief by removal of the affected joint. Moreover, he states that in two cases he has amputated *scrofulous knee-joints* where there were some symptoms of tubercular deposit in the lungs, but, in both cases, the patients recovered from the operation, regained their health, and, he believes they are now alive, six years having elapsed.—SECRETARY.]

Injuries by a Fall; Compound Dislocation of Left Ankle; Fracture at the Base of the Brain, &c. Dr. CABOT.—Daniel O'D., æt. 33 years, rigger, on Nov. 8, 1853, fell twenty-four feet, striking on his feet, and was said by bystanders to have rebounded to the height of three or four feet, and then to have fallen backwards, striking the back of his head. One hour and a half afterwards he was brought to the Hospital; pulse 72; rational; answers coherent.

Dr. C. saw him two hours after the accident, about one o'clock P. M. At that time he began to ramble, answering at random, when roused, and dosing in the intervals. When examination of the injuries about the ankle was made, he complained of the pain, and gave some evidences of rationality. There was a compound dislocation of left ankle; the foot in front of the astragalus being turned downwards and inwards, the surface of the astragalus articulating with the navicularis protruding through an extensive laceration of the soft parts, below and a little in front of external malleolus, the astragalus being separated from its articulations with the bones of the ankle, and with the os calcis, though still retaining its relations as regards position with the tibia and fibula. He was etherized (without the occurrence of any peculiar symptom), and the dislocation reduced, the edges of the wound brought together, and the limb secured in a fracture-box. After getting him to bed, he expectorated a small quantity of bloody mucus. On examination of his head, could get no grating, nor was there other evidence of fracture about the vault of the cranium, upper jaw, or face, except some puffiness of scalp, about the back of head. Pulse about 60; tolerably full and strong. Some appearance of delirium; possibly owing to ether. Pupils very greatly contracted.

He became more and more sleepy, and the difficulty of rousing him increased. Dr. C. saw him again, at about six o'clock the same evening, and found him more comatose, though he could be imperfectly roused by loud shouting. Pupils not so much contracted, somewhat oscillating; puffiness of scalp much increased; pulse 128, thready; respiration, 36. Face very pale; no oozing of blood or serum had at any time taken place from either ear.

Coma became more and more complete; the pupils were dilated, &c., and he died at eleven o'clock P. M., thirteen hours after injury.

Post-mortem examination, eleven and a half hours after death. Astragalus found to be dislocated from the bones of the foot, but still retaining its position between the malleoli; a small piece broken off on its outer inferior edge. Os calcis denuded of cartilage and much bruised, over a small surface nearly corresponding to the injury of the astragalus; the soft parts extensively torn; anterior tibial artery entire; condition of posterior tibial artery not ascertained, owing to haste in making the examination, and desire to avoid unnecessary defacement of body.

Head; blood was found effused between the scalp and pericranium, over the whole back of the head, from the neck almost to coronal suture.

On removing the calvarium, there was found extensive laceration of both anterior lobes (they being rather *mashed up*, than lacerated, as the expression is ordinarily understood), on their inferior surfaces, to the extent on each side of about one and a half inches, and one-third of an inch in depth; considerable blood being effused about the injury. The inferior surface of the left middle lobe and the posterior extremity of the left hemisphere were each lacerated to the extent of about an inch, and to the depth of about half an inch; the cerebral substance about the lacerations in some parts had a soft gelatiniform appearance, as it has about an apoplectic effusion, and there was perhaps a slight trace of yellowish discoloration.

The petrous portion of the left temporal bone was broken through, the fracture extending for some distance along the lateral sinus, but not lacerating it; meatus auditorius not involved. Continuous with the fracture, there was an extensive separation of the lambdoidal suture. There was some effusion of blood into the temporal bones.

Fibrous Tumour of the Uterus; exploratory Gastrotomy.—Dr. J. B. S. Jackson showed the specimen, sent to him, with a history of the case, by Dr. Cutter, of Woburn. The whole mass weighs 3¼lbs. The cervix and fundus uteri were involved by a large tumour, from which several smaller ones projected into the cavity of the abdomen. The diagram on page 622, Vol. VI. of the *American Med. Association's Transactions*, represents a similar case. The structure of these tumours was lax and coarse, and the bloodvessels in them largely developed. To a portion of the external surface of one of them a piece of omentum was attached by old adhesions.

The patient was an unmarried female, 33 years of age, and first noticed the tumour about seven years ago. Two years afterwards, she consulted a physician, and it was then very perceptible in the left hypogastric region. Its development was attended with several attacks of peritonitis, and for two or three years with dysuria, so that she was obliged to have recourse to the catheter. Catamenia regular, but attended of late with some hemorrhage. General health has decidedly failed since Feb. 1853; patient, however, continued to be employed as a nurse until midsummer, when she had a more severe attack of soreness over the abdomen, which was followed by ascites, and for which, she was twice tapped. She was seen several times by Prof. Channing and other physicians, and her case seemed hopeless. She had seen some accounts of recent operations in somewhat similar cases, and resolutely determined not to die without an operation that proffered the only hope of relief. Oct. 12th, in presence of Drs. Channing and Parkman of Boston, Sanborn of Lowell, and Cutter, Dr. G. Kimball, of Lowell, made an incision in the median line, nine inches in length, and fully exposed the tumour. Its true character was plainly seen, and its connections for bade removal. A small projecting portion being cut into, bled so freely as to require a liga-

ture. The wonnd was then closed up, and the patient suffered very little for the first week, having been kept fully under the influence of large doses of opinm. She died twelve days after the operation. Very few peritoneal adhesions were fonnd on dissection; most of the wonnd in the integuments was united, and the cut in the tumour entirely healed. In addition, it should be further stated, that *always* on examination per vaginam, the tumour could be felt low in the pelvis; nnd previous to the operation, Simpson's sonnd readily penetrated five inches within the os nteri.

November 28. *Encysted Tumour of the Breast.*—Dr. DURKEE exhibited the specimen. The following neeount was furnished hy Dr. B. S. SHAW, who sent the speeimen to the Society:—

This tumour was removed hy Dr. HITCHCOCK, of Fitchhurg, November 26, from a maiden lady, æt. 70. It was of fonr years' standing, and had increased rapidly in size during the last six months. No pain nor tenderness had been occasioned hy it. It was easily and perfectly separated from the breast. Walls of cyst nt first seemed thin, hut firm, allowing fluctuation; on further examination, they were found to possess considerablo thickness. Contents, a gelatinous mass (as seen in the section made this P. M.) of different colours, light red, dark red, green, and also, in spots, black and white. Contains no cancer cells, no pus cells, and no well-marked microscopic structures except blood-globules, recent and altered fatty matter, and cholesterin.

Entire want of the Lacteal Secretion. Dr. STORER.—Six weeks since, a lady 21 years of age, whose health had been uniformly good for years, was confined with her first child. The *breasts secreted no milk*, although suction by the mouth had been continued three times daily hy some member of her family until within a few days.

Dr. ABBOT mentioned a case of non-secretion of milk for six weeks; it then appeared; the tardy action, Dr. A. thought, was owing to excessive prostration of the patient; the child was stillborn.

Dr. MINOT referred to a case of want of secretion. No efforts were made to excite the glands to action, hut rather the reverse, hy reason of peculiar circumstances rendering their quiescence desirable. Sulphate of magnesia was administered.

Dr. STORER spoke of a case of weaning the child at nino months hy reason of a freak of the mother; the milk disappeared, hut returned on reapplication of the child to the breast.

Dr. PUTNAM referred to n case of non-secretion. He considered it constitutional.

Dr. PARKMAN said that the leaves of the castor-oil plant, made into a warm stupe, and applied to the breasts, had been vaunted lately in foreign journals as possessed of almost marvellous efficacy in the production of the lacteal secretion.

Delivery without any Sanguineous Discharge.—Dr. W. E. TOWNSEND reported that, on the night of October 22, he attended Mrs. C., n stout, well-made woman, about 25 years old, in her second confinement; nnd that she had an easy delivery after five hours from the commencement of her pains. The child was of good size nnd in good condition, hnt its birth was unaccompanied hy any sanguineous discharge, nor did one drop of blood follow the placenta.

The nurse, in the morning, stated that when she changed the patient's clothes,

she did not discover any stain of blood. No flow took place till after twelve hours, and the application of warm fomentations to the abdomen. It was then scanty, and, after continuing in a slight degree for a day or two, ceased.

For the first week after delivery, the milk was very abundant and of good quality; it then became thick and stringy, then bloody, and at the end of a fortnight stopped altogether.

Mrs. C. stated that the same changes occurred in her milk after her first confinement, and that the loss of blood upon and after that delivery was unnaturally small.

Both children are now alive and in good health.

Violent Hemorrhage during Gestation, with Pain, &c.; Child carried to full term, and safely born.—Dr. PARKS reported the case.

The patient was small and of spare habit; the flow of blood came on suddenly, at the end of the sixth month, after unwonted exertion, and was not repeated. Digital examination of the cervix uteri afforded no evidence of ulceration. The blood lost saturated a sheet. The patient was safely delivered three weeks since. Perfect rest and the usual caution in like cases, for several weeks, were successful in obtaining this desirable result. Dr. P. believed that there was no ulceration of the os uteri, and remarked that, "although, as Mr. Whitehead has clearly shown, hemorrhage may occur in *connection with ulceration*, and pregnancy nevertheless be uninterrupted thereby (particularly if the inflammatory affection be topically treated), he believed it quite unusual to find the progress of gestation continue to term, when large gushes of blood occurred independently of a morbid condition of the os and cervix uteri."

Dr. H. G. CLARK said he had had, in former years, in dispensary practice, patients who flowed, during gestation, until they were blanched, yet went their full term, and did well.

[The *class* of patients in whom such accidents occur, must, of course, have some influence upon the result. The power of endurance nearly always manifested in all stages of the pregnant and parturient condition by the labouring classes, and particularly by the Irish, is certainly very remarkable. In no point is it more noticeable than in the amount of labour and exertion undergone by them when pregnant, and in the rapidity of rising from childbed. In the last matter, the only difficulty being to keep them recumbent sufficiently long to gain security against after accidents, to be feared from too early movement.—SECRETARY.]

Frottement over an Abdominal Tumour.—Dr. J. B. S. JACKSON reported the case, which he had lately seen. The patient was an elderly woman, and had, apparently, ovarian dropsy complicated with ascites. The tumour seemed to consist of at least four sacs of large and nearly equal size. One of these, situated towards the epigastrium, was more tense than the rest, and tender upon pressure, as if from inflammation of its inner surface, which seems to occur so frequently in these cases. Upon pressure over this cyst, a sensation of friction was perceived, which was strongly marked, and resembled perfectly the creaking of new leather. Dr. J. remarked that there may have been peritonitis over the cyst, and not an inflammation of the interior as he supposed; the surface then would have been roughened and the phenomenon readily explained. The signs were all limited, however, to this one cyst. The patient was in a very comfortable state, and did not appear at all like one suffering from peritonitis; and, further, this last form of inflammation is rare

in ovarian disease as compared with that which was supposed to exist in this case. Dr. J. referred to two other cases that he had reported to the Society (*Am. Journ. of Med. Sci.* July, 1850), in both of which there was ascites, and in neither of them any degree of peritonitis.

Typhoid Fever, with Abscess in the Lungs and Subcutaneous Cellular Tissue.—Dr. PUTNAM reported the case of a young man of robust constitution, in whom, during the third week of fever, small knots or indurations were felt below the skin. They soon lost their definite form, softened down, and some of them disappeared; others went on to suppuration. This process was quite short, in some instances being completed in twenty-four hours. The patient's attention was generally directed to them by some degree of pain, but sometimes they were accidentally discovered. The skin in most cases was not inflamed or reddened, even when the pus had reached the surface. They appeared in irregular succession, and were of various sizes, from one to four or six inches in diameter. The whole number was twenty-four, found in various parts of the trunk and limbs, one of them completely surrounding, and causing great distension of, the left knee-joint. Some of them were opened, and pressure applied, when there appeared a tendency to burrow into the cellular membrane. No one of the glands was affected. During the sixth week a large quantity of pus was discharged from the lungs. He ultimately recovered.

Another case of purulent deposit, after typhoid fever, occurred three years since, in which the patient was nearly choked by the sudden and profuse discharge of pus from the lungs. The skin became cold and livid, and he was for several hours considered moribund. Two or three times a week, for the space of a month, the paroxysms of cough returned with copious expectoration of fetid pus. His recovery was perfect.

Dr. Putnam stated further that there were three cases in the Hospital at the present time, and one other had occurred in a neighbouring city. In neither of these was there abscess in the lung; but they all should be referred to the class of cases very appropriately termed, by Dr. Jenner, pyogenic fever. These were the only cases that had come to his knowledge, and he considered it a very infrequent complication of typhoid fever in this vicinity.

Single Congenital Cataract.—Dr. BETHUNE reported the following cases: Emily H., 15 years of age, applied at the Infirmary with cataract of the left eye only. A lady who came with her, was present at her birth—which was without accident—and described the appearance of the eye as much the same as at present. Dr. B. remarked that he had very rarely seen this disease confined to one eye.

Singular Malformation of Iris.—*Nov.* 14, Dr. B. was called in consultation to see a gentleman with mydriasis of the left eye. The attack was sudden; the pupil dilated and fixed, and the case presented nothing remarkable, with the exception of a peculiar appearance of the iris, to which attention was drawn by the surgeon in attendance. A segment of the pupillary circle at the inner margin was cut off by a fine light thread running from below upward. From this thread, fixed by its two extremities to the edge of the iris, two little branches proceeded, also attached at the other extremity to the edge of the iris. The main line, if it may so be called, at first meeting the iris at its upper attachment, seemed imperfectly joined, but soon melted into the margin of the pupil. The patient was not aware of having met with any previous accident to the eye, or of any disease to account for such an appear-

anee; and it was agreed hy the attending surgeon, whose experience in disease of the eye had heen very large, that it could have no connection with the present attack, and was therefore probably congenital. In the usual state of the pupil, it probably would have escaped notice, lying relaxed on the surface of the iris. Indeed, it could hardly he distinctly made out without a magnifying glass. On close examination, however, Dr. B. could not resist the impression that it was a portion of the iris itself, detached hy a blow of some kind; and this impression was confirmed hy examination of the iris, which, in the limits embraced hy the attachments of the thread, was seen with its edge slightly thickened, and less sharply defined than it appeared elsewhere. How such an accident should have occurred, *in utero*, it is difficult to conceive. The accompanying figure is an imperfect representation from an outline made on the spot. These threads were nearly as fine as a cobweb.

Severe Injury to Head.—Dr. Cabot reported this case. The patient, J. D., an Irish labourer, on Saturday, November 19, had his head bruised between a railway engine and tender, while engaged in "shackling" them together. The engineer and some of the bystanders heard a loud "crunching" sound at the time. The accident occurred at East Boston. Some hemorrhage took place at the time from the nose, mouth, and from both ears. On admission into the Massachusetts General Hospital, November 23, he complained of pain in the head—not, hy his own account, existent previous to the accident. He has had slight bleedings from the right ear every day since the accident; pupils of eyes natural. Ordered light, farinaceous diet; cold compresses to head, &c.; he had taken a dose of calomel and jalap, which had salivated him.

Nov. 25. Remains about the same; paralysis of facial nerves on both sides. Apply four leeches to each temple; continue compresses wet with cold water.

26*th.* Much relieved hy leeching and cold applications; bowels loose; pulse 72, feeble.

28*th.* Nearly the same; pulse 64, feeble.

30*th.* Less rolling of the eyeballs upwards than at first; no dejection for two days. R. Solutionis magnesiæ sulphatis, infusi sennæ comp. āā ℥ij.

Dec. 1. More comfortable; two operations from medicine; no hemorrhage from the ears since entrance.

4*th.* Galvanism was tried yesterday, the current being directed to the sides of the face, along the track of the seventh pair of nerves; face paralysed; cannot close eyelids.

5*th.* Mouth quite sore; some bleeding from the gums; his food gets between the gums and the cheeks and annoys him. A gargle of the following form was used: R. Acidi tannici gr. x; aquæ rosæ ℥j. M. No alvine dejection for three days; enema to be given; bread and tea for food.

7*th.* Apply, front of each ear, ceratum cantharidis, 1 to 1½ inches; may take broth.

12*th.* Remains comfortable.

Discharged, feeling well; but the paralysis of the facial nerve remains.

Dec. 12. *Case of Poisoning by Aconite*, reported hy Dr. Perry.—Dr. P. was called, Nov. 18, at 11 o'clock P. M., to see Mrs. E., 84 years of age, who was taken suddenly ill after having swallowed some quack medicine for the cure of a slight neuralgia or rheumatic affection. In a few minutes

after taking the medicine she was attacked with distress at the stomach, which was soon followed by vomiting, dryness of the throat, with a burning sensation which extended to the stomach, with prickling of the whole surface of the body, and a confused feeling in the head. When Dr. P. arrived, which was in about half an hour after the attack, the following symptoms were present: distress at stomach, retching, and occasionally vomiting, cold extremities, pulse small—140, pupils contracted, countenance anxious, surface of the body covered with a cold sweat; great uneasiness, patient tossing from one side of the bed to the other. It was impossible for her to retain anything on the stomach; and such was her restlessness that it was difficult to apply external heat. In a short time she began to have convulsions, the upper extremities being more affected than the lower. These continued for about half an hour, when, after having a most violent one, which it was thought would terminate in death, she sank into a comatose state. Her breathing was stertorous, pupils dilated, and would not contract under a strong light; pulse full—40 in a minute, with entire loss of consciousness. She remained in this state for about five hours, when her extremities began to grow warm, the pulse quickened, and there was some evidence of returning sensibility. In the course of the forenoon, on the day following the attack, her consciousness returned, and from that time she had no uncomfortable symptoms. She was quite deaf before this, and she thinks her hearing has been much improved. All the symptoms in this case were so like the effects of some vegetable poison, that Dr. P. had the medicine analyzed, but no poisonous substance could be detected in it. It was afterwards ascertained that she had taken some of the *strong tincture of aconite*, which had been recommended to her as an external application over the seat of her neuralgic pain. Dr. C. Ellis was kind enough to remain with this patient for some hours, and Dr. Shaw analyzed the medicine.

Dr. Perry said that this case differs from most of those which he had found recorded, in this respect—that the patient had coma. The mental faculties are usually not much disordered, and consciousness remains until a few moments before death. The convulsions too were stronger in this instance than usual. They are described by most writers as spasmodic movements rather than convulsions; and sometimes even such movements do not occur.

Factitious Bezoar.—Some years ago this specimen was brought from Switzerland by the late Dr. Amos Binney, and it was subsequently given to a member of this Society. It was said to have been taken or discharged from the intestines of a goat, and was of a dark brown colour, smooth upon the surface, and about the size and form of a large nutmeg. Recently, it has been analyzed by Dr. Bacon, and the following is an extract from his report:—"Three grains of the bezoar, thoroughly dried, were used for a partial quantitative analysis, and this gave 55 per cent. of organic matter, including organic salts of potash, lime, and magnesia, with traces of sulphates and phosphates; 40 per cent. of iron, and 5 per cent. of siliceous sand. Of the iron, 33 per cent. is in the metallic state, and the remainder in combination with organic matter, forming a soluble salt. The particles of iron are evidently iron filings."

Croup treated by Nitrate of Silver, &c.—Dr. Homans reported two cases of true croup, treated mainly by the above application. In evening of November 23, 1853, was called to see a boy 3½ years of age, who, after being hoarse for a day or two, had become suddenly worse. Found his skin somewhat hot, respiration rather laboured, dry cough, with the harsh peculiar

sound belonging to croup; pulse accelerated, and hard. Ordered an emetic of ipecac. and calomel, and cloths, wet in hot water, to be applied about the throat.

24*th.* Was called early in morning; patient had passed a restless night; symptoms were all aggravated. On examining throat, found tonsils covered with lymph; examination of chest discovered nothing abnormal in that cavity. Introduced into larynx a sponge charged with nitrate of silver in solution, 40 grs. to the ounce of water; ordered 1 gr. of Dover's powder to be given every four hours, with ½ gr. of calomel, to be discontinued after the bowels should have been opened, and one grain of Dover's powder to be given instead; also ordered water, in which mullen was steeping, to be evaporated in two vessels in the chamber, and at intervals to be placed in such a situation that the patient might inhale the vapour. In evening, respiration seemed less laboured, and patient looked more comfortable.

25*th.* Bowels open in night; patient was quite easy in evening, but had a very restless night. Respiration at present, perhaps, more laboured than at any time since commencement of attack; other symptoms as yesterday. Sponge again introduced into larynx, and on its withdrawal several shreds of lymph were observed upon it. Patient complained of some soreness in throat after this, which in a short time subsided. Continued in much the same state during the day, articulating only in a whisper; cough for the most part dry and harsh, though with some slight efforts at expectoration.

26*th.* Has passed a better night; slept, perhaps three hours in all, and when awake, less restless; respiration, however, quite laboured at times. Nitrate of silver again introduced into larynx in same manner as before, after which he coughed violently, and raised quite a large portion of membrane. Through the day, cough was less harsh; at times loose, with some expectoration. In evening, more comfortable in every respect; has taken only ½ gr. of Dover's powder every four hours.

27*th.* Had a much better night; slept more, coughed oftener, and raised more easily shreds of lymph and thick mucus. The air in the chamber had been constantly rendered moist with the vapour of water as at first directed. From this time, improvement gradually advanced, and on the 30th inst., a week from the commencement of the attack, he began to use his voice, though not always able to do so. He is now in good health.

It may be remarked, that two children of this family had been victims to croup a few years since, one 20 months old, in thirty-six hours from first moment of attack; the other, 5 years old, after an illness of four days.

Case II. *December* 6, 1853.—Was called to see a lad, 6½ years old, residing in Milton, in consultation with Dr. C. C. Holmes. The boy had had a slight eruption resembling scarlatina a fortnight previous, which did not, however, prevent him from attending school. For the last two days his appetite has been small, and for twenty-four hours past he has been exceedingly restless, hot, complaining of his throat, one side of which was swollen externally. In the night, his respiration became so difficult, that Dr. Holmes was summoned, who administered an emetic, and made external applications to the throat; after this, for a time, he was more easy, but two or three hours having elapsed, dyspnœa greatly increased, the symptoms becoming so alarming as to induce Dr. H. to state his apprehensions to the parents, and to request a consultation. At noon, I saw him; his countenance was livid, his respiration laborious, accompanied with motion of the head at every inspiration, his voice a whisper, extremities cool, and his appearance indicated a speedy and fatal termination. In consultation, it was agreed to inject into

the larynx a teaspoonful of a solution of nitrate of silver, grs. xl. to ℥j. of water; and to repeat this in the evening, should the had symptoms continne, giving also 1 grain of Dover's powder once in three or four hours, as might he needed to quiet him. The operation was done with n gold syringe, having n long enrved beak, it heing the first time I had seen it performed. I therefore had some solicitude as to the effect of injecting a liquid of this character into the respiratory passages, so sensitive to the accidental admission of even n drop of water in ordinary circumstances. The operation was easily done, hnt the dyspnœa was for a moment distressing—soon, however, subsiding—nfter which the child, with much relief, expectorated a considerable quantity of thick tenacious mucus, with perhaps some shreddy lymph. By evening, symptoms were so much abated as to render a second injection unnecessary. From this time, respiration and voice gradually returned to their normal condition, with occasional nttacks of dyspnœa nnd free expectoration, until health was slowly restored.

At the meeting of the Society, February 13, 1854, Dr. Homans reported another case, which was treated in a similar manner; the disease was complicated with scarlatina.

Case III. *January* 8, 1854.—A young girl, 9 years old, who the day before had complained of chills, headache, and sore throat, nwoke her attendant in the night by a loud, harsh cough; this recurred nt intervals, nccompanied hy dyspnœa, until morning, when Dr. H. was called. She had been unable to speak loud yesterday, nnd was thought merely to have a cold, for which the usual remedies, such as bathing the feet in hot water, &c. were used on going to bed. Now, speaks only in a whisper—is very restless; feels sleepy, but cannot sleep; pulse 90; skin rather hotter than natural; respiration laboured, attended with n whistling noise, audible all over the room; complains of sore throat, nnd is thirsty. On examination, there was found ulceration on tonsils, with lymph. A sponge was then introduced into the larynx, charged with a solution of nitrate of silver, grs. lx. to ℥j. of water. Dover's powder, grs. ij, was given, with directions to repeat in four hours if restlessness continued; the nir in the chamber was made moist, as in Case I., and the temperature kept as near 70° ns possible.

9*th*. Some relief was experienced nfter application of yesterday, but at night all the bad symptoms returned, and continue at present; a slight eruption of scarlatina is now to he seen on the face and body; pulse 130, skin hot; thirst, headache. Dover's powder was directed in doses of gr. i, instead of ij, as yesterday. The sponge was again introduced into the larynx, and in the course of the day nnd night, some shreds of lymph were thrown up. The relief, after this application, was greater than after that of yesterday.

10*th*. Night more quiet, respiration less laboured; some disposition to cough and expectoration. Sponge not again introduced.

11*th*. A tolerably good night; symptoms of croup diminishing; scarlet eruption fully developed, covering the head, body, and extremities; is as yet unable to nrticulate aloud; expectorates with some effort.

12*th*. Improving; from this time the symptoms of croup ceased to he nlarming. The scarlatina proceeded in its course, and she is now convalescent, Jan. 31, 1854.

Dr. H. remarked, in addition, that his ideas of the proper treatment of croup had been greatly modified of late; he is opposed to the often overviolent medicinal netion hy emetics, &c. used in such cases, irrespective, too frequently, of the condition of the child, and of its natural constitutional force; nature is, by these means, in very many instances disabled, nnd cannot

throw off the disease by reason of *induced debility, added* to the shock and depression caused by the attack; with this view, appropriate and efficient local measures, aided by a proper maintenance of the patient's strength, offer the most reasonable and likely chances of success.

Dr. STORER asked if the complication of scarlatina with the croup in Dr. Homans's case might not have had a favourably modifying action?

Dr. HOMANS thought it reasonable to suppose this so; he mentioned, incidentally, that there were six cases of scarlet fever in the family, of which the patient with croup was one.

Disease about the Testicle.—The specimen, with a history of the case, was sent by Dr. JAMES DEANE, of Greenfield, to Dr. B. S. SHAW, of Boston, and by Dr. S. to the Society:—

The organ is surrounded and closely invested by a thick, dense, fibro-cellular substance, such as is sometimes seen about the lung in cases of old pleurisy; the thickness varying from one-half of an inch to an inch or more. In the thickest part of this substance was a perfectly defined, rounded abscess, of the size of a large nutmeg, coated thickly upon the inner surface with recent lymph, and filled with viscid, greenish pus. The testicle itself was perfectly healthy in structure and of natural size, so far as appeared on a single incision through the mass.

The patient was a young man, twenty years of age, and was first seen by Dr. D. on the 12th of last October, when, he says in his note, "I judged his case to be simply hydrocele: I was informed, however, that the testicle was supposed to be diseased, and that the hydrocele was secondary, which was doubtless the fact. I withdrew about a pint of serum, and advised an attempt at a radical cure, and for this object adopted the iodine process, which failed. When the water was discharged, I was surprised to find the testicle in such a state of engorgement, and learned that it had been gradually increasing in size for two years, and that he had suffered greatly from pain, from a sense of weight, and from mental depression, so as to be disqualified from his usual pursuits. In fact, he, as well as his friends, was averse to the plan of radical cure, and wished for extirpation of the tumour.

"November 12, he came to me still anxious for extirpation, but I once more dissuaded him, and passed a seton through the cyst, which produced entire adhesion of its walls; still, the inflammation went on, and ended in slight suppuration, and on the 6th of December the testicle was removed."

In regard to the diagnosis in this case, Dr. D. says: "It appeared to me the disease was essentially some inflammatory condition of the testicle and its investments. I did not suppose there was any cancerous taint, but rather, that it was a strumous engorgement of the testicle, and that it would end in chronic suppuration and destruction of the gland. This opinion, it seems, was incorrect; and yet, under the circumstances of the case, I do not doubt the propriety of the course I adopted."

The subsidence of the enlargement of the testicle under the development about it of a thick fibro-cellular mass, was remarked upon, when the specimen was shown, as an interesting pathological fact, and as bearing upon the treatment of such engorgements by external pressure. The formation of such an abscess, and in such a structure also, is what no one would have anticipated; and it is not surprising that the case should have been regarded, to the last, as one of enlargement of the organ itself.

Encysted Kidneys.—The specimens were sent by Dr. E. LEIGH, of Towns-

end (who attended the dissection), and show the disease very finely. One of them is entire, and is much enlarged, measuring twelve inches in length, and weighing twenty-six ounces; it seems to be a complete transformation, and the cysts, as usual, vary in size and contain a thin fluid more or less colored. The other organ, which is about as large as the first, has been cut through longitudinally; and, besides the serous cysts, there are exposed several large cavities, which are nearly filled with a white substance of the consistence of soft putty, and much resembling the material found occasionally in the kidneys as well as in other parts, as the result of tubercular disease. This material, having been analyzed by Dr. JOHN BACON, Jr., is found to be wholly organic; containing pus-globules, epithelium-cells, much fatty matter, and, Dr. B. thinks, tubercular corpuscles. The ureter of this second kidney is obliterated near its origin.

The patient had been sick since last March, and he was thought to have had "liver complaint;" the kidneys having never been suspected. Had had vomiting, sometimes light-coloured discharges; was said to be occasionally jaundiced, and gradually lost his strength.

The urine (a few ounces taken from the bladder thirty hours after death), having been sent by Dr. L. with the kidneys, has been analyzed by Dr. Bacon, who describes it as follows: "Turbid; faintly acid; density 1.018. The proportion of urea is very small; and as the urine has not become ammoniacal by standing, but little urea can have been destroyed by spontaneous decomposition. A moderately large amount of albumen is found in the urine."

December 26. *Vaccinia and Varicella coexistent.*—The following case was reported by Dr. STORER as having some bearing upon the question of the identity of vaccinia and variola:—

A fortnight since, he vaccinated a child six years of age. Calling, a few days after, to ascertain if the matter had been absorbed, he found his patient covered with the eruption of chicken-pox. Visiting it again to-day with the view of revaccination, the vaccine vesicle was observed to be pursuing its regular course.

Dr. J. B. S. JACKSON mentioned the case of a patient in whom vaccination did not take effect for three weeks; the mother of the patient was capable of judging of the appearance of the vaccine pustule; the occurrence is surely a rare one.

Single Congenital Cataract.—Dr. WILLIAMS mentioned two cases of congenital cataract, in which he had recently operated, as having some interest in connection with the case of single congenital cataract reported by Dr. Bethune at a previous meeting. The first patient was a young lady from New Brunswick, who was affected from birth with cataract in the right eye. Vision in the other eye was perfect till she was eight years of age, at which time cataract made its appearance in this eye.

An operation had been performed on the left eye, some years since, in New Brunswick, but the opaque capsule still covered the pupil, with the exception of a mere pinhole. Dr. W. extracted the capsule from this eye through the cornea, and at the same time divided the lens and capsule in the right eye. Absorption of the right lens went on rapidly, and with suitable glasses, perfect vision was enjoyed in both eyes.

The brother of the patient, æt. twenty years, has been affected from birth

with cataract in both eyes; and within two years, her mother has become affected with double cataract.

The second case was an infant four weeks old, whose right eye was operated on a few days since. The pupil of the left eye is apparently clear. But it is not improbable that a cataract will eventually show itself in this eye also.

January 23, 1854. As the lens was not entirely absorbed subsequent to the former operation, the infant above named was operated on a second time on the 21st inst., sulphuric ether having been previously administered. The instrument was introduced through the cornea, and the relics of the lens and capsule completely divided. Neither operation was followed by more than a very slight and transient injection of the eye.

January 9, 1854.—*Fracture of the upper part of the Shaft and Neck of the Os Femoris in a Lady aged eighty-six.* Dr. J. Mason Warren.—This patient, about a week before her death, fell in her room, striking on the trochanter of the right thigh-bone. She was unable to rise, and was taken up and placed in bed. On examination, it was found that the right lower extremity was shortened about an inch and the foot everted. The thigh was much swollen. No crepitus could be discovered on any motion given to the limb. She was placed on her back, the limb supported on a double-inclined plane made of pillows. She complained of but little pain in the injured part. For a few days she did well. The bowels then became constipated, the pulse failed gradually, and she died on the sixth day from the reception of the injury, apparently from the shock to the system, reduced by age. On a *post-mortem* examination, before the injured parts were exposed, an attempt was made to get crepitus, but none was produced by the ordinary motions of the limb. By extreme flexion, however, using at the same time powerful rotation, a crepitus could be distinguished. On making an incision over the trochanter down the thigh, the fat and muscles were found filled with extravasated blood. There was a comminuted fracture of the shaft of the bone just below the trochanter, and another fracture extending upwards from this into the outer edge of the socket, separating the neck of the bone from the trochanter. But little blood was effused into the cavity of the joint.

The case was interesting as showing how extensive the fracture may be, and yet, from the extravasation of blood and from other causes, one of the principal diagnostic signs, crepitus, could not be obtained.

Malformed Heart; Interventricular Opening.—The patient was twenty years of age, and had been under the care of Dr. Cabot for the last three years. He was of a slender figure, though not particularly small or stunted, as is said to be often the case; very susceptible to cold, and had had marked cardiac symptoms from infancy. The lividity of the face and hands was always more or less noticeable, and, on any considerable exertion, it was deep, so as to attract attention in the street. Dyspnœa often so urgent that he would be obliged, when walking, to stop and support himself; action of heart strong, and accompanied by a loud sawing, rather than bellows, sound; pulse regular, bounding, and moderately frequent. About three years ago he had active hemoptysis, and from that time his general health decidedly improved, and his dyspnœa so far diminished as to be no longer noticeable; he could split wood and walk six or eight miles without fatigue. On the 6th of December, he raised, by estimate, about a quart of blood, having been as well as usual up to that time; on the 9th, he raised about as much more, and again on the 24th to the 25th; under this he sank, and died on the 29th. Under

this attack of hemorrhage, his dyspnœa increased, and also a hacking cough, to attacks of which latter he had always been subject; there was also much fever. At the age of four or five years this patient had scarlet fever very severely, and at the age of ten, measles; he also had disease of the spine, producing a very marked backward curvature.

The heart, on examination, was found to be of about the usual size, and the opening between the two ventricles sufficiently large to allow the tips of two fingers to pass through. Left ventricle not at all thickened; but the right, as usual, very much so. The pulmonary artery has two well-developed valves; and the passage to it, from the right ventricle, to the extent of half an inch or more from the free edge of the valves, is so much contracted that the tip of the little finger would not pass. Some abnormal formation has been generally noticed at this part in cases of interventricular opening, and in all that have been observed here, it has been so without exception. There is a direct opening of the foramen ovale to the extent of about four lines, and a small band traverses it, as if to prevent its further enlargement. Almost the whole of the left lung was consolidated by a form of disease that seemed intermediate between pneumonia and a tubercular affection; being most advanced towards the base; in the upper right lobe there was tubercular disease and a small cavity.

Rupture of the Bladder.—Specimen shown and case reported by Dr. Cabot. The patient was an Irishman, 18 years of age, and was brought to the Hospital at 7 P. M., on the 26th inst. At 11 P. M. on the 24th, he had fallen down stairs, whilst intoxicated, and from that time had passed no urine. The abdomen was tumefied, and quite painful; the pulse 120, and feeble; he sank gradually, and died twenty-three hours after his admission—the pain continuing to the last. A catheter was used several times, and on making pressure over the bladder, considerable quantities of urine, colored by blood, were passed; the catheter probably entered the cavity of the abdomen; some blood also followed the use of an elastic catheter.

On dissection, the bladder was found much contracted, and lacerated at the fundus, sufficiently to allow the finger to pass through; the mucous and muscular coats being everted, as in the case of a lacerated intestine, so as to remind one very strikingly of an over-ripe, purple fig. Peritonitis existed, and the cavity of the abdomen contained about five ounces of a turbid, urinous fluid. Some coagulated blood was also found in the cavity of the pelvis, about the bladder.

Malignant Disease of the Rectum, from a Boy twelve years old.—Specimen sent by Dr. J. P. C. Cummings, of Leicester, with the following history of the case:—

"The patient was of a somewhat nervous temperament, but had no appearance of cachexia. The first appearance of any disorder was about the 25th of last September, when he had an attack of acute dysentery, since which he has complained of pain seated in the rectum, and has had frequent small discharges—sometimes as many as twenty per diem. About the first of December, he complained of great tenesmus and complete inability to evacuate the bowels. After using cathartics for some three days without success, I made an examination per anum, and ascertained the existence of the disease. I was able to reach it, and insert the tip of the finger about half an inch, but could reach no higher; all attempts to pass even a small bougie were entirely unavailing.

"After five weeks of constant suffering, the patient died on the 6th inst. Of course there was enormous fecal accumulation, but no morbid appearances except at this point, with a very considerable amount of peritoneal inflammation."

This disease is sufficiently defined, and involves the entire circumference of the intestine, more or less, to the extent of about two inches. In regard to density, thickening, and the character of the ulceration, which was quite extensive, it resembles at first sight, and perfectly, any ordinary case of scirrhous rectum. On further inspection, however, there is seen to be a considerable amount of colloid deposit, some of it comparatively firm, but in other parts quite soft; and a pearly, granulated appearance upon the peritoneal surface resembles strikingly what is seen in a specimen in the Society's cabinet of purely colloid disease of the stomach.

The age of the subject was certainly most remarkable for any other form of cancer than encephaloid, of which there were no traces in the present case; the duration of the disease, also, was short, and the circumstances under which it occurred were curious.

Primary Encephaloid Disease of the Lymphatic Glands of the Abdomen.—Specimen sent by Dr. Thos. H. Gage, of Sterling, with a full history of the case. The patient was 56 years of age, and quite healthy until about eighteen months ago, since which time there has been a general decline, but without any symptoms that would lead to a satisfactory localization of the disease. There was languor, a general feeling of discomfort, depression of spirits, and an anemic, sallow, lemon-coloured complexion. Complained that he got no nourishment from his food, though his appetite remained good; also complained of a dull, heavy pain in the lumbar region. Since November, he has been under the care of Drs. Kendall and Gage, of Sterling; and has been mostly confined to his house, with an increase of the above symptoms. After a time, there came on severe pain in the left hypochondrium, which, as he said, "shot around to the back," and prevented him entirely from lying upon that side. The abdomen became quite tumid and tense, though not painful; bowels costive; digestion much impaired, with subsequent loss of appetite and loathing of food; and towards the last, vomiting of almost all food, with frequent eructations and hiccough. The mother of the patient had died of cancer of the breast; and from all appearances in his own case, it was strongly suspected that cancerous disease existed somewhere in the abdomen.

The lumbar glands in connection with the aorta and vena cava, and the glands about the pancreas and duodenum, were much enlarged, and consisted of soft encephaloid—all of the organs of the thorax and abdomen were examined by Dr. G., and were found perfectly healthy.

Primary cancer of the lymphatic glands has been noticed here in two if not three cases; and Lebert refers to twelve that have fallen under his own observation, remarking that there was only one in which the abdominal glands were the seat of the disease.

At a subsequent meeting, a case was reported by Dr. Cotting, of encephaloid disease of the glands just above the left clavicle. The cellular membrane in front of the neck was indurated, and the disease extended downwards into the thorax, so that dysphagia and dyspnœa were marked and distressing symptoms. The costal pleura was granulated, as it so often is in cancer; and there was found with it, as usual, a large serous effusion. The organs themselves, however, were quite free from cancer. The patient was 58 years of age, had been dyspeptic, and generally an invalid for ten years, but dated his last sickness only from September.

Spinal Meningitis and Latent Pleuritic Effusion.—Case reported by Dr. Bowditch. A Portuguese sailor, æt. 19, entered the Massachusetts General Hospital December 3, 1851, with symptoms of fever, as follows:—

Six days before, he had been attacked with pain in the head and abdomen, anorexia, thirst, and diarrhœa; occasional slight cough; heat of skin; great prostration. At his entrance he had the above symptoms, with one or two frothy adhesive sputa, but he had no pain in the chest; his skin was very hot and dry; pulse 120; his tongue was thickly coated and dry; abdomen full, tympanitic and painful on pressure; urine scanty, dark.

A Dover's powder was ordered by the house pupil, at night. On the next day, Dr. B. saw him, and found that the night had been restless; the abdomen was most tender in the cœcal region; his head "felt badly," but his mind was clear. Auscultation and percussion of both backs gave normal results. Sulph. quinia grs. ii. every two hours; and if at any time there was much fever, he was to have spts. ether. nitros. gtts. xxx. Continue Dover's powder and repeat, if needed.

During his residence at the Hospital, until the day of his death, twenty-eight days from his attack, he was as follows: All the symptoms improved for the first forty-eight hours; his pulse fell to 88; his skin became soft and moist; his tongue was natural, and the abdomen lost its tenseness; he still complained of no thoracic symptom. After forty-eight hours, the quinia was omitted, and during the four subsequent days he was, at first, violently delirious, but was relieved immediately on the application of leeches. He however complained of some pain in the head, and had some epistaxis. The pulse and all the other symptoms improved; so that, on the 4th, he was rational, and felt merely weak. During this period he had the common fever-mixture, viz: ʒi. of equal parts of chloric ether, nitrous ether, and liq. acet. of ammonia.

The next phase of the disease commenced with partial paralysis, and great unwillingness to move his legs. They fell, when lifted, and with great pain to the patient, who was very irritable, and unwilling to speak or move; but rational in his answers. Finally, he had great and constant pain in the lumbar vertebræ, and tenderness there, with double vision and slight strabismus. In every other function, save in the urinary secretion, which continued dark and red, with a heavy deposit of urates, he seemed doing well. No thoracic symptom was noticed by himself or others. During this period, Dr. B. blistered the spine very freely, and gave calomel in alterative doses.

The fourth and last phase was ushered in by violent convulsions, with frothing at the mouth, opistbotonos, on five separate occasions, with singing and screaming in the intervals; total blindness and great strabismus. These symptoms decreased in forty-eight hours, and he became rational, quiet, and, three days before his death, appeared better than for a fortnight previous; but the legs always remained as described. He soon, however, rejected all food; a low, muttering delirium, with picking at the bedclothes came on, and he died December 25th. The mercurials were continued during this period, and a slight ptyalism appeared four days before death.

At the autopsy, the pia mater of the brain and of the spinal marrow was more corrugated than usual, and a little more subarachnoid fluid was noticed over the cerebrum; no pus or lymph anywhere; ʒiss of fluid in the lateral ventricles. Substance of brain natural in consistence, but numerous red points in it. The convolutions were flattened. The spinal marrow at its upper and posterior part, where it joins the medulla oblongata, presented, on incision, a very manifest brownish hue, similar to the colour usually seen around apoplec-

tie masses ia the cerebrum. There was, bowever, no real extravasation, and the part was aboat as firm as tbe adjaecat portioas, though very differeat in colour. Over this spot, the dura mater was much thicker than oa the parts helow. In the middle of the spinal marrow, there was a part, aa iach and a half long, which was pale, and quite diffluent, almost cream-like. The right lung was congested; the left was partially compressed by twenty ounces of saffron-coloured fluid; it was firmly adberent to tbe ribs at its back part, aad covered with thick lympb elsewbere. It bad a dense structure, but ao tubercles ia either lung. The bronchi of the left lung were visibly injected.

Nothing peculiar was aoticed about the alimentary canal, except that the patches of Peyer were unusually distinct and reticulated, but otherwise normal. The spleea was large. Otber organs healthy.

Dr. Bowditch thought that there were several poiats of iaterest ia tbe ease: 1. The suddea diminutioa of the pulse, aad of all the symptoms of fever uader the quinia. 2. Tho peculiar paralysis of tho legs, combined with great seasitiveness to motioa, opisthotonos, &c., takea in coaaection with the coadition of the meninges and of the spinal marrow, brought this case into the category of eases of spinal meningitis. 3. The totally latent effusioa into the pleura was important, aad tbe question was suggested to his mind whether, if it had beea discovered, aad means used for its absorptioa or removal, the patieat might not have recovered.

January 23, 1854. *Proportion of Fat in a Fatty Liver.*—Dr. John Bacon, Jr., read the following aecount:—

The speeimen examined was received from Dr. J. B. S. Jackson, and was part of a liver which weighed tea pouads, from aa adult subject, very iateaperate.

From 750 graias of the liver, 398·5 graias of fat were obtained, eqaivalent to 53.13 per eent. The whole liver consequeatly coataiaed about five pounds five ounces of fat.

The fat is solid at the ordinary temperature of tbe atmosphere, but at about 98° F. melts into a nearly traasparent oil, which becomes quite clear at 110°, aad remaining fluid oa cooliag uatil its temperature falls to 70° F. In the living body it would, of course, be ia a fluid state.

Stearia, margarin, aad oleia, the coastituents of normal fat, are fouad in it, and a little cholesteria is probably present.

The only aaalysis I have seea of fatty livers, ia which tbe proportion of fat is stated, are by Frerich aad Boudet. Frerich found 17.26 per eeat. of fat; Boudet fouad 31.53 per eeat. ia a fatty liver, aad 1.77 per eeat. in a healthy liver.

Dr. Jackson referred to the entire absence of any tubercular disease in the patieat from whom the speeimen was taken.

Malformed Heart.—The speeimen was seat by Dr. Leigh, of Towasead, and was taken from a child that lived about twelve hours. Respiration was established with great difficulty, and eoatiaued to be difficult, being attended with a slight groan at each expiration. The orgaa is of full size, aad consists of but one auricle aad oae veatricle, betweea wbich two cavities is a well-developed valve. A vessel, about the size of the aorta, arises from the veatricle, aad soon gives off two braaches that go to the luags; the vessels at the arch are thea givea off; no coroaary arteries.

Foot Torn Off by a Cable on Shipboard.—Dr. Cabot reported this case. The subject of the aeeidcat was mate of a vessel which was being towed to

sea by a steamer; his foot was caught by the bight of a small hawser, and he was drawn up to the hawse-hole, and the foot completely removed at the metatarsal articulation. There was no bleeding. The man was brought to the Massachusetts General Hospital (the accident having occurred just outside Boston Light), and Dr. C. subsequently amputated a short distance above the malleoli.

Ichthyosis in an Infant; Hemorrhage from Umbilicus; Death.—Reported by Dr. GOULD. Male child of C. S. L., born Oct. 26, 1853, after a comfortable and normal labour, under the use of sulph. ether during the last three hours; weighed nine pounds. The skin was harsh, and appeared as if thickly incrusted with spicula, or fine sand; which, however, was not the case. After washing, the head was found nearly destitute of hair, there being only a fine down, and little tufts or pencils, consisting of a few hairs, half an inch in length, closely twisted, and at distances of perhaps an inch from each other; over the eyebrows the skin seemed raised into rigid points, of a pearly white colour; the face and lips were nearly natural; but elsewhere, the skin, on drying, became like tissue paper, loosely attached to the cellular tissue beneath, and presenting marks wherever folded, like paper; on the back and some other parts the surface had a granular appearance. After a few days the skin became more supple, and considerable exfoliation took place. It accorded well with that form of ichthyosis called by Alibert *ichthyose nacrée*. The first child of these parents, a female, weighing five and a half pounds, was affected in a similar manner, though much more severely, the skin being very rough, and breaking into bleeding fissures. It lived sixteen days, and died hydrocephalic.

In the present case, the first alvine discharges were colorless, and none with the usual appearances ever occurred. The child began at once to nurse, and fed plentifully. The discharges from the bowels were also numerous and copious, seven to ten daily, having at first a putty-like consistence, with a peculiar odour, and afterwards becoming thinner, less offensive, and after the use of hydrarg. cum creta, of a straw-yellow colour. Most of the ingesta were evidently discharged without being much altered. The skin very soon became jaundiced; and the urine, at first limpid, became amber-coloured.

The cord separated on the fifth day; on the ninth day, oozing of blood was discovered at umbilicus; lint, saturated with tannin, was applied, under a compress, and no blood flowed for fifteen hours; it then flowed rapidly, and by report of nurse, in a thread-like jet. Nitrate of silver was applied, and the bleeding ceased for five hours. The extremity of the cord was then drawn out, and a ligature applied to a portion of it, with a partial check to the hemorrhage. In a few hours, however, it recurred; alum, collodion, pressure, and various other means were employed without success. The bleeding became more profuse, and the child died Nov. 6, on the third day after the hemorrhage commenced. A slight exudation of blood occurred at the anus, though no appearances of blood showed themselves in the evacuations. Ecchymoses were not noticed anywhere; the peculiar state of the skin would not have shown them.

The umbilical vessels were all found pervious. The liver was very dark coloured, friable, gorged with blood; gall-bladder flaccid, containing about a drachm of clear fluid, much like synovial fluid, in which a few flocculi floated. On careful examination, the cystic and common ducts appeared to be impervious.

Hydrophobia.—Dr. Cabot reported the case. The patient, a healthy-looking girl, of seven years, was bitten by a dog, supposed to be rabid, at 8 o'clock A. M. of Dec. 18, 1853; she was brought to the Massachusetts General Hospital at 5 o'clock P. M. of the same day. Three lacerated wounds were found near the left elbow, made by the teeth of the dog, also one on the palm of the left hand near the thumb, and one on the cheek. There were, likewise, several slight abrasions of the cuticle on the cheek and left arm. The wounds were thoroughly cauterized with the nitrate of silver; a bath, containing carbonate of potass, given; and a poultice applied.

Dec. 19. The patient, on the morning of this day, was fully etherized, and the edges of the wound cut away by Dr. Cabot; strong nitric acid being subsequently applied to the wound; a poultice, wet with black-wash, applied.

21*st.* Swelling of face diminished; poultice continued; no pain; house diet ordered.

23*d.* Slough separating; swelling of face entirely gone; bowels regular.

29*th.* No untoward symptoms; sloughs separated; wounds granulating well.

Jan. 5, 1854. Wounds of face and palm of hand entirely healed; wound on arm nearly healed. All functions well performed.

13*th.* Discharged, well.

The little patient was readmitted to the Hospital on the 20th, and the following history is condensed from the Hospital Records, as read to the Society by Dr. Cabot: Since leaving the Hospital (Jan. 13) she has been unusually timid, and this has been manifested especially in the night time; she is afraid to sleep alone, or in a dark room, which was never the case prior to the injury received. She has been restless during most of the nights, and bad dreams have troubled her; appetite, especially for meat, has been better than usual. The first convulsive shuddering was observed this morning at breakfast time. While drinking at breakfast, she dropped her tumbler, and soon complained of inability to swallow. From that time to the present there have been paroxysms more or less frequently, lasting from thirty seconds to a minute, and resembling the catching of the breath experienced at the shock of a shower-bath, although more violent in character; a slight current of air induces these paroxysms, and so does a ray of light suddenly striking her eyes; and the sound of pouring liquids has the same effect; even the mention of these things will sometimes cause an access of convulsive action. She will carry a teaspoonful of water to her mouth, and suddenly drop it, saying she cannot swallow it. She is afraid of all who approach her, thinking they will hurt her; she fears a repetition of cauterization to her wounds; the cicatrices of these latter are, perhaps, somewhat redder than they were a week since; there has been no uneasy sensation in them; some nausea during last twenty-four hours. Apply a blister of cerate of cantharides, four by one and a third inches, over lower cervical and upper dorsal vertebræ; also compresses, wet with a solution of capsicum 3j. in alcohol Oj, over the legs, from the knees to the ankles. The pulse, at entrance, 108; in a space of two minutes only, it would vary ten beats; very perceptibly intermittent.

21*st.* Patient very restless during last night; slept but little; unable to take a Dover's powder, from inability to swallow; exceedingly timid; has cried several times, from fear.

11 A. M. She ate a small piece of ice.

4 P. M. Swallowed some water, which was given to her with a spoon; pulse not to be counted by reason of its rapidity.

7 P. M. Exceedingly restless; impossible to keep her in bed; complains

greatly of "soreness in stomach;" says "that she shall die to-night, as there is so much *vinegar* in her stomach;" spits a great deal; expectorated matter somewhat brownish in colour; is distressed at the sound of any one's coughing, saying that it makes her feel faint; asks to have her pulse counted, saying that she will not live long; tongue red.

8 P. M. Dr. J. M. Warren saw the patient at the Hospital, in consultation with Dr. Cahot; she was then affected with almost indescribable jactitation; a condition which might convey the idea of a person being between insanity and a state of intense fear; crying out frequently; constantly begging for help; frequently spitting out, with effort, tenacious saliva in small quantities, with an occasional spasmodic action of the diaphragm, causing a sound between a cough and hiccough, somewhat resembling the bark of a dog; in one of these efforts, she vomited about two ounces of a dark brown, grumous fluid.

9 P. M. Convulsive action increasing in severity and frequency; skin dry; tongue red; unable to number the pulse-beats. The patient was now etherized and half a drop of dilute hydrocyanic acid given to her; her pulse fell (when she was fully etherized) to 140, and became fuller.

11 P. M. The hydrocyanic acid was repeated; etherization continued.

12 (midnight). She was breathing quite freely and easily under the influence of the ether, constantly administered; pulse very slightly accelerated, and of sufficient strength. Etherization still maintained, having been nearly uninterrupted since 9 o'clock of the evening. The respiration, soon after midnight, became laboured and slightly stertorous; ether discontinued; in a few minutes, breathing natural. Shortly after this the pulse began to diminish gradually in frequency, until scarcely perceptible at the wrist; pulsations of temporal artery continuing distinctly; stimulants were given, and friction used for fifteen minutes, but unsuccessfully, death ensuing about ten minutes before 1 o'clock of the morning of the 22d.

22*d. Post-mortem Appearances.*—The examination was made ten hours after death.

Brain.—Rather livid in aspect; odour of ether strongly perceived from it; the entire gray portion very dark in colour; nothing else of note observed; the same dark hue in the gray substance of the medulla oblongata.

Lungs and Heart.—Perfectly healthy.

Stomach.—Contained about ℥iij of a greenish-brown grumous fluid; otherwise healthy, but pale in colour.

Œsophagus, liver, spleen, and *kidneys,* healthy.

Spinal cord, so far as examined, healthy.

By a written statement from her father to Dr. Cahot, it appears that the sight or thought of water and fluids did not affect her except she attempted to drink, or when water was applied to her face; she could not hear the application of even a moistened cloth to her *face;* water applied to the *hands and feet* produced no disagreeable sensations or effects; a current of cool air, the transition from the warm air within the railway car to the external atmosphere, even the breath puffed upon her face ever so gently, caused her to start, shiver, and catch her breath. A veil over her face produced the same sort of sensation as water, &c., only less severe; obliged to have it removed; the smoke and steam of the railway engine also produced nearly similar effects. During her stay at home, after her first residence at the Hospital, although often restless, she is reported to have slept quietly much of the time, and this was true of the night previous to the access of the convulsive shuddering; her appetite was good, and her bowels were regular. During the day of her second coming to the Hospital, she was noticed to gape frequently; and with

a very strong desire to sneeze, said she could not; some nausea existed, and once she vomited, but no great quantity. It is also stated that, previous to the bite of the dog, she had not been a remarkably nervous child, and that she was quite courageous, having much fortitude for one so young. Her friends avoided all conversation on the subjects of rabies and hydrophobia; it was thought, however, that she might have gained some notion of the probable results of a bite from a rabid dog; several times, on retiring to rest at night, she said, "it seemed as if there were a dog under the bed," &c.; this, of course, might well enough arise from remembrance of the dog's attack.

To an inquiry whether *tracheotomy* had been contemplated, Dr. Cabot replied that he went prepared to do the operation, but at no time were there symptoms on the part of the larynx and trachea of sufficient urgency to demand such action.

In allusion to this case, Dr. BETHUNE asked whether the use of ether might not have had an influence in the production of certain of the cerebral manifestations and appearances?

Dr. Cabot stated that the ether was not chargeable with any of the bad results of the case.

Dr. C. E. WARE inquired if there were any well-authenticated instances of recovery from the bite of a rabid animal? He referred to a case of which he had heard of a man now living and employed at the Custom-House, who was, some years ago, bitten by a dog supposed to be rabid.

Dr. PERRY mentioned having seen at the School for Idiots, at Albany, N. Y., a girl who was bitten by a rabid cat, and who afterwards exhibited many of the usual symptoms observed in such cases. When seen by Dr. P., she was nine years old; the bite was inflicted at the age of four years. Previous to the injury she had been quite as bright and intelligent as children in general, but after it she gradually became idiotic.

Dr. J. B. S. JACKSON referred to research made by Dr. O. W. HOLMES in various journals, for cases recorded as having occurred in this country. None esteemed genuine were found up to the report of a case by Dr. COALE, of this city (see this *Journal* for 1849, p. 30). Dr. J. added that Dr. BOWDITCH had examined, with similar intent and result, the Records of the Massachusetts Medical Society. The case of hydrophobia, which occurred in the town of Lincoln, Mass., in 1820, was mentioned by Dr. J.; the animal which wounded the person was a raccoon.

Dr. PARKS, from a knowledge of the town, its history, and many of its residents, was inclined to believe the case referred to a genuine one; he had frequently heard it spoken about.

Dr. THAYER, of Montpelier, Vermont, who was present at the meeting, stated to the Society that *he himself* was bitten, at the age of nine years, by a rabid dog; his father, who was a physician, incised the wound deeply, and on the instant, and thoroughly sucked it; the naked hand was the part bitten; no symptoms of hydrophobia were ever manifested. The same dog bit an ox and a hog, and both these died from the effects of the bite; the ox in three weeks, the hog sooner. [Dr. T. subsequently mentioned, in conversation with Dr. J. B. S. Jackson, certain facts which are of undoubted significance, viz. that his father never spoke of the great danger to be feared from the accident to any one at the time of its occurrence; nor was Dr. T. himself made aware of the excessive peril he had been in, until years had passed, and he was a student of medicine. It is certainly not unlikely that the result might have been far different, had great terror and nervous excitement been aroused in the patient at the time of the accident. The absence

of apprehension on the part of persons bitten, must be considered of great importance as a curative element; unfortunately, instances in which it does, or can exist, are, of necessity, exceedingly rare; the knowledge of the awful tendency of such wounds being so universally diffused, and the alarm usually manifested by friends being almost unavoidably more or less evident to, and consequently effective upon, even children.—SECRETARY.]

Dr. Cabot added to his statement of the case, that, by his direction, several of the dogs bitten by the rabid one in question, were kept alive, and have not manifested, thus far, any signs of rabies. A man, bitten by the same dog half an hour after the little girl was wounded, and who came to the Hospital and received the same treatment, has to this time escaped the disease. The dog who inflicted the injuries was sent to Boston and examined; his stomach and the portion of œsophagus examined, were found quite healthy in appearance. The stomach was *entirely empty*, contrary to Mr. Youatt's statement, that it is always full of undigested and offending matters.

Dr. J. M. WARREN remarked that some years since he proposed the question to this Society, whether a case of hydrophobia had ever occurred in Boston? None of the members who were then present, there being a full meeting, had ever seen or heard of one in this city, or in the vicinity. Very shortly after, Dr. Coale reported a case which proved fatal, attended by himself, Dr. Oliver, and Dr. Buckminster Brown, which has been printed in the Records of the Society. The symptoms came on three weeks after the reception of the bite. At the very next meeting, Dr. Curtis, of Lowell, mentioned another case, which also had a fatal termination; the symptoms appearing three months after the patient was bitten. Another suspicious case occurred in Boston about the same time, and a fourth at Watertown. There have been no cases since then (1848), until the one at Longwood, near Boston, seen by Dr. Hayward and Dr. W. (and lately reported to the Society by Dr. Hayward, see preceding No. of this *Journal*, p. 84), and the present one. The occurrence of these last cases seems to indicate either a fresh inoculation of the virus, or they may, perhaps, be justly attributed to an entirely spontaneous origin of the disease. It certainly shows that, on the reception of a wound of this description, more precaution should be taken now than was formerly thought necessary.

Laryngitis.—Dr. PARKS reported the case, which he saw ten days since. The disease had been in progress for twenty-four hours before it was examined by Dr. P. The patient was a girl 10 years of age. On inspection, the palatal pillars were found to be vividly red, especially the right one; no membranous exudation to be seen; there was complete aphonia; constant dyspnœa, the efforts at respiration being very laboured. Dr. P. directed her to swallow *snow*; and, in from five to six hours after this, she could make a vocal sound. Two grains of calomel were given in two doses;[1] a cold, wet bandage was applied to the throat, four leeches were ordered over the rami of the lower jaw; their bites were allowed to bleed during the entire night. Next day, the patient was very much better, and has recovered well. Hoarseness continued for several days.

Dr. Parks referred to a case successfully treated by free leeching, by Dr. J. C. DALTON, Jr.

Acute Tuberculosis.—Dr. PUTNAM reported the case of a child 10 years of age; slender, but had always been healthy. She had loss of appetite, coated

[1] Opium, in an unknown dose, had previously been administered, by the friends, to incipient narcotism.

tongue. Pulse and skin not unnatural. Had become irritable. She complained of aching in limbs; was easily fatigued. Pain over left eye. Occasional dizziness and headache. The headache was slight, and was commonly removed by a walk in the open air.

She was passing through her second dentition, and her illness was considered to be the result of the constitutional irritation arising from that state. With this view she was taken from school, and her diet and exercise carefully regulated. For two or three days she appeared to improve; but, in the course of a fortnight, although the appetite was better, and the pain in head and limbs had disappeared, she had become weaker, and her nervous irritability greatly increased. She was now confined to bed, with rapid pulse, hot skin, frequent sighing as if from fatigue, and during the day was incessantly talking to herself in a rambling, incoherent manner, for the most part in an ordinary tone, but occasionally shouting loudly. She could control herself when requested to do so, but said that the outcries were a relief. At night, all the excitement would subside, the respiration was easy, and sleep tolerably quiet. Appetite, meanwhile, sufficient; bowels regular; free from pain. She remained thus until five days before death, when the conjunctiva of both eyes was injected; the left eye slightly turned inward; pupils dilated, but no loss of vision. During the last twenty-four hours, comatose.

Autopsy.—Lymph beneath the membranes. Tuberculous granulations scattered through the substance of the brain and upon the membranes at the base. Walls of the ventricles exceedingly softened. Both lungs crowded with gray granulations. No other organs examined.

The whole duration of the disease was about six weeks. There was no vomiting or constipation. No intolerance of light. No loss of sensation or motion until just before death. The respiratory sounds, at an early period, were not unnatural. No cough at any time; and when to these negative symptoms we add the subsidence, at night, of the mental excitement and irregular respiration, we have the characters of a functional rather than of an organic affection.

Teeth in an Ovarian Cyst.—Specimen sent by Dr. Hooker, of Cambridgeport, and shown by Dr. Jackson, who described the case as follows:—

The patient was about 43 years of age, and had had three children. After the birth of the first, about twenty years ago, the disease probably commenced. The tumour was very hard and unyielding, but not painful, nor did it cause her any trouble, except from its bulk. Last October, she had a febrile attack, and the tumour began to soften and diminish in size, so that she thought that it was about to disappear; general health, which had been previously delicate, declined from this time.

The cyst contained three or four quarts of a broken-down curdy fluid. Parietes generally dense and rather thick. Upon the inner surface is a thin, flat piece of bone, about one and a half to one and three-quarter inches in extent. The teeth, six in number, are set in a piece of bone about three-fourths of an inch in length, two of them being firmly and the rest only loosely connected; three of them are quite irregularly developed, and it is impossible to name any one of them satisfactorily. The soft parts immediately about this last bone closely resemble the gum, and the surface is covered by epithelium; being attached to each extremity, but otherwise standing out freely into the cavity of the cyst. Of the numerous cases of ovarian disease that have come before the Society, this is the only one in which teeth have been found.

Periostitis.—Dr. C. E. WARE reported the case. Dr. W. remarked that, something more than a year since, he reported to the Society n case of periostitis of the tihia, in a child three or four years old, occurring apparently after a very trivial injury, and terminating fatally after three or four days. He had, the last week, seen another similar case. A boy, six years old, received, while coasting, a slight hruise npon the tihia, just above the ankle. It occurred January 11th. It only lamed him for the moment, and he continued about his nsual occupations till January 15th, when the part became red and swollen. Dr. Ware saw him first on January 16th. There was a livid spot of about an inch diameter where he had received the injnry. Around it the parts were very much swollen, hard, and extremely tender. The constitutional symptoms were quite violent. A cathartic of calomel and rhubarb was admiuistered; and leeches, to be followed hy fomentations, were directed.

The next morning his whole appearance was improved, and the leg was less swollen and tender. His pulse, however, was 124. In the after part of the day, all his symptoms were aggravated. In the night, he became delirious. The next morning, the whole leg was swollen, very tense, and tender, and he died the following night.

February 27. *Hydrorrhœa.* Reported hy Dr. OLIVER.—Mrs. ——, 34 years of age, had been married seventeen months; had generally suffered from dysmenorrhœa; in other respects had enjoyed perfcet health. She had menstruated regularly since her marriage till the period of conception, which took place ahout the eleventh of January, 1853. On the 22d of March, while sitting at rest, after considerable physical exertion in walking. going up and down stairs, &c., she perceived that a discharge of fluid had suddenly taken place from the vagina; there was no pain or other symptom. This fluid, on examination, proved to he almost colorless, leaving a slight reddish stain npon the linen; and, as nearly as could be estimated, was ahout one gill in quantity.

Dr. O. saw her immediately after the occnrrence of the discharge; she was then free from pain, nor did any other symptoms exist. Pulse natural; the vagina, on examination, revealed nothing ahnormal. Perfect rest was advised.

She remained in a horizontal position for one week; at the end of which time, after going down stairs, she was again affected with a similar flow, ahout the same in quantity; hut, unlike the first, attended by much pain in the hack. Rest was again enjoined, and she continued well until the 5th of April—ahout one week—when she was attacked a third time, the discharge, like the last, being *preceded* hy quite severe pain in the hack, and heing in quantity mnch less, prohahly not more than one-half nn ounce. After the last attack, she remained in bed during three weeks, and had no return of the accident. There was no apparent snhsidence of the abdominal tumour after these attacks. The patient has been delivered at full term, and is perfectly well.

Dr. Oliver remarked that the source of the watery discharges from the vagina, which occasionally occur during pregnancy, seems not yet determined with certainty. By some observers, they are supposed to he a portion of the amniotic fluid, escaped, either hy transudation or hy rupture; hy others, to come from tho cavity of the chorion; and hy yet others, from hydatids hetween the fœtns and the neck of the womh, while some observers suppose the fluid to he secreted hy glands nbout the neck of the uterus, or hy the lining membrane of the vagina itself. When it is considered that these discharges are

often sudden and copious; that they are sometimes attended with severe pain; that the character of the fluid corresponds almost exactly with that contained in the cavity of the deciduæ, and that they do not generally operate unfavourably on the course of pregnancy, is it not reasonable to suppose, with Velpeau, that the above-named cavity is, in many cases at least, the source of the flow? The opinion of Naegelé seems also to be not unlikely, viz: that the fluid is secreted by the uterus itself, and finds its way, behind the membranes, to the month of the womb, by gradually detaching them from its internal surface.

Dr. Williams read an account of two cases of successful operation for the removal of opacities of the cornea.

Case I. *Pathological Changes of Cornea following an Affection of the Fifth Pair of Nerves. Operation.*—Mrs. ——, a patient upwards of fifty years of age, came under the care of Dr. W. on the 28th of March, 1852. For ten years prior to this date, she had been subject to neuralgic pains about the head and back of neck. About four years since, she began to have occasional pains in the right eye, and thought her sight was less good than usual. Neither her ordinary medical attendant, nor another gentleman to whom she applied, could at this time discover any morbid appearances on examination of her eyes. Appropriate remedies were, however, employed. Some weeks after, the pain having gradually increased, and being accompanied by photophobia, she was informed that serious inflammation existed in the right eye. This did not yield to mild use of counter-irritants and applications of leeches, and she was advised to give her eyes rest, and to omit all treatment—a very unfavourable prognosis being at the same time given. She remained in a darkened room for several months, suffering most of the time intense pain. Afterward, under other advice, active treatment was resumed; but, notwithstanding a persevering use of active antiphlogistic and alterative means, the disease continued to advance, and the pains in right eye became more severe and continuous. The left eye was attacked about two years from the first invasion of the malady, and its progress in this eye did not seem to be arrested by vigorous treatment; salivation, setons, blisters, and depletion having been employed in vain.

When first seen by Dr. W., her condition was as follows: Though her room was darkened by closed blinds and thick woollen curtains, her intolerance of light was such as not to allow of the voluntary opening of the lids. Her eyes were never entirely free from pain, and she had daily paroxysms of intense suffering, only partially relieved by the use of morphia. A small amount of light being admitted for an examination of the eyes, the right cornea was found entirely leucomatous, with some injection of conjunctiva and sclerotica. The lower and central portion of the left cornea was opaque, and the lower edge of the pupil was adherent to its inner surface. Even this horried examination seemed to cause severe suffering, which continued for some time.

She was ordered good diet, and one of the ferruginous preparations. Tinct. humuli, ʒj. to be taken thrice a day, and the morphia resorted to only when the pain seemed uncontrollable by other means. A collyrium of diluted vin. opii, and a sedative lotion, were advised as local applications.

A month after, she was more comfortable, as she said, than for four years previously. Is forced to take morphia once in three or four days, but, in the intervals of the paroxysms, can open the eyes, tolerate a considerable amount of light, and perceive large objects. Eyes nearly free from injection, and an examination caused little pain.

Two weeks later, her eyes could be kept open without a shade. She rarely has any pain, and the conjunctiva and sclerotica have resumed their normal aspects.

A drop of a solution of atropia was now put into the left eye to dilate the pupil. Under its influence, she could see the pattern of her dress, and distinguish objects and persons in the street. She was advised to use a drop of the solution once in two days, and thus enjoy its continued influence.

For about a year, she continued in the same condition, remaining nearly free from pain, and having a very useful degree of vision with the left eye, the pupil being kept dilated beyond the size of the corneal opacity. But, about the middle of April, 1853, the opaque portion of the cornea began to appear elevated, as if from an accumulation of fluid beneath the epithelial layer. This prominence increased slowly at first, but, after it became so great as to interfere with the movements of the eyelid, it rapidly augmented. As she not only began to have pain, and a tendency to spasmodic closure of the lids, but as the friction of the lids seemed to extend the area of opacity, and thus render her vision less good, an operation was done on the 2d of June to evacuate the fluid, and, if possible, remove the morbid tissue. Ether was not administered, and she complained so much of pain that but half the opaque membrane was cut away.

In the afternoon, she spoke of having suffered intensely, and of having had nausea. Three grains of opium were taken in the course of the day. During six days, she used a grain of opium daily to relieve the severity of the pain, though the eye was scarcely at all injected. From this time, the paroxysms became less violent, and, three weeks after the operation, she was once more restored to her former state of comfort and degree of vision.

The next record of the case is on the 14th of December. Within the previous four weeks, her sight was gradually lost, so that she could no longer distinguish any objects, even after employing the atropia. The opacity of the cornea, which had not been completely removed by the operation, became larger, and, within a few days, had begun again to be prominent, and to interfere, as before, with the motions of the lids.

Another operation was therefore performed, and, in order that it might be executed with the least possible violence to the eye from the involuntary rolling of the globe, the patient was rendered insensible by ether.

After removing a portion of the opacity, it was found that it could be peeled off from the cornea with slight resistance, much in the same manner that the kidney may be divested of its envelop. It was completely removed and the cornea rendered quite transparent. The substance appeared to be the thickened epithelial layer; but, unfortunately, it was not submitted to microscopic examination.

Severe pain, with nausea and vomiting, came on as soon as she recovered from the effects of the ether, and, when she was visited some hours after, she appeared to be suffering intolerable agony. Three grains of opium were immediately administered, and she took two other doses, of one grain each, before experiencing relief.

During several days, she had paroxysms of severe pain, but the eye was scarcely at all injected. A week after the operation, the cornea seemed healed, with but slight opacity, and she could distinguish objects better than at any time since first seen by the reporter.

On the 24th of January, 1854, the solution of atropia was again made use of to dilate the pupil, and by its aid she is once more able to read, for the first time for nearly five years.

Case II. *Removal of Central Opacity of Cornea.*—June, æt. 20, a domestic in the family of a physician, got a few drops of a solution of corrosive sublimate into her right eye in August, 1850. Much pain was felt at the moment, and she was confined to her room for a week by inflammation which ensued. This was subdued by the use of a mild collyrium. An ulceration was noticed at this time, but she suffered no inconvenience for several months. She then began to complain of pain occurring several times a day, and accompanied by a flow of tears. This especially happened early in the morning, when over the fire, or when washing or ironing.

In May, 1852, the ulcer was of considerable depth, with ragged edges, and nearly filled with a whitish mass. No vessels in its neighbourhood. It was touched every second day with a saturated solution of arg. nit., and afterward with a crayon of sulph. cupri, and in ten weeks the edges of the ulcer became more smooth. The frequency of the pain seemed diminished by these remedies.

Was seen by Dr. Williams on the 12th of October, 1853. She still complained of pain and lachrymation. The centre of cornea was occupied by what seemed a deposit of some foreign substance, but no such deposit could be accounted for from her having used collyria of lead or other substance liable to cause its formation. Vision was indistinct from the opacity itself, and from the irritation evidently existing. Ether was administered, and a scale of opaque matter easily removed. On chemical and microscopic examination, no mineral or earthy substance could be detected.

The epithelial layer, around the scale which was removed, was slightly cloudy, but the idea was entertained that it would be thrown off, or its transparency be restored, without other aid than the natural processes of absorption and repair. Such did not prove to be the case. The pain and uneasiness of the eye were entirely relieved; but, as a visible opacity remained, and vision was still imperfect, a second operation was performed on the 11th of January, 1854, three months subsequent to the first. After insensibility had been induced, the globe was held by seizing the conjunctiva with fine forceps, and the opacity removed, in small portions, by shaving off the epithelial layer by means of a cataract knife. No inflammation ensued. The inconvenience felt during a day or two was rather from the parts of the conjunctiva which had been pinched by the forceps than from the wound of the cornea. The transparency of the cornea is entirely restored, and vision as good as before the accident.

Art. IV.—*Ligature of the Gluteal and Internal Iliac Arteries.* By Chas. S. Tripler, M. D., Surgeon U. S. Army. (Communicated by Thos. Lawson, M. D., Surgeon-General U. S. A.)

On the afternoon of the 8th of November, 1853, I was called in haste to see a man, said to be bleeding to death from a cut. Dr. Bertody was in my office at the time, and, accompanied by him, I repaired immediately to the spot.

We found the patient in a state of syncope, and deluged with blood. Upon inquiry, we learned that he had been engaged in pulling down a fence, and,